

TRUCKED DILUTE INDUSTRIAL WASTE GENERATOR PERMIT APPLICATION

Return to: City of San Diego - Industrial Waste Program
9192 Topaz Way - San Diego, Ca 92123
Ph: 858-654-4100 FAX: 858-654-4110

1) Business Name of Applicant:**Phone:****Fax:****2) Contact Person:****Title:****3) Facility Address:****4) Mailing Address:****5) Requested duration of permit:** From _____ To: _____
(Start Date) (End Date)**6) Name of Waste Hauler:** _____**Estimated number of Gallons to be discharged:** _____**Permit Number of Waste Hauler:** 25-_____
(Must have active Industrial Waste Hauler permit)**7) Name of facility and location
where waste is generated:****8) Description of Waste:** "General Industrial Permit for Dilute Wastestreams including wastewater from swimming pools, decorative ponds, sewer spill/water main break cleanups, sewer maintenance, and lift station maintenance."**9) Is wastewater receiving any form of pretreatment before disposal?**
___NO ___YES. Describe: _____**10) Is wastewater generated by processes subject to federal categorical regulation?**
___NO ___YES. Describe: _____**11) Indicate constituents known or expected to be present in this wastewater based on generator knowledge:**

- ☐ Caustics/Acids ☐ Pesticides/PCBs ☐ Saltwater ☐ Mud, Sand, Silt ☐ Other, List: _____
☐ Flammable substances ☐ Radioactive Substances ☐ Oil or Grease ☐ Solvents, List: _____
☐ Metals (circle those that apply) Cadmium, Copper, Chromium, Lead, Nickel, Mercury, Selenium, Silver, Zinc

12) Attach a copy of the lab analysis. Include all analyses performed using EPA approved methods. Lab Name: _____ Analysis Number: _____

Permittee's Certification: I hereby certify that the information found in this application is familiar to me, and is complete and accurate to the best of my knowledge. I certify that the wastes that will be discharged under this permit are not hazardous wastes as defined in the Federal Resource Conservation and Recovery Act (RCRA) and by state or local regulations. I have received and read both the Trucked Waste Requirements & Procedures and the Department of Health Services' Hazardous Waste Requirements bulletin, and I agree to comply with the policies and requirements set forth therein. I certify that the wastes that will be discharged under this permit meet applicable Federal and local limits.

13) Print Name:**Title:****14) Signature:****Date:**

TO BE COMPLETED BY THE CITY

The following constituent limitations are applicable to this permit:

- | | | | |
|-------------------------------------|----------|-----------------------------------|---------|
| <input type="checkbox"/> pH | 5-12.5 | <input type="checkbox"/> Cadmium | 1 mg/L |
| <input type="checkbox"/> Oil/Grease | 500 mg/L | <input type="checkbox"/> Chromium | 5 mg/L |
| <input type="checkbox"/> Copper | 11 mg/L | <input type="checkbox"/> Nickel | 13 mg/L |
| <input type="checkbox"/> Lead | 5 mg/L | <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> Zinc | 24 mg/L | <input type="checkbox"/> _____ | _____ |

Self-monitoring for the constituents listed above is required _____**The first self-monitoring report is due** _____

ARIS/PIMS AR#

Approved By

TWRP

Effective

RCRA

Expires

Permit Number 25-_____☐ Renewal☐ New